



PTO/SB/27 (10-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)  
HRL128

In re Application of	GEORGE C. VALLEY	
Application Number	10/685,352	Filed 10/14/2003
For Method, Apparatus, and Computer Program Product for Simulation of Mixed Signal Circuits		
Group Art Unit	2128	Examiner SAIF A. ALHIJA

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows  
(check time period desired):

- |                                                                                                                                                                                                                         |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))                                                                                                                                                                  | \$ _____  |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))                                                                                                                                                      | \$ 460.00 |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))                                                                                                                                                               | \$ _____  |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))                                                                                                                                                                | \$ _____  |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))                                                                                                                                                                | \$ _____  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.                                       |           |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.                                                                                                                                                  |           |
| <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.                                                                                                                                  |           |
| <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.                                                                                          |           |
| <input type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____.<br>I have enclosed a duplicate copy of this sheet. |           |

I am the  applicant/inventor

- |                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). |
| <input checked="" type="checkbox"/> attorney or agent of record.                                                                                      |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).<br>Registration number if acting under 37 CFR 1.34(a) _____.                         |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

08/18/2008

Date

Signature

Cary Tope-McKay

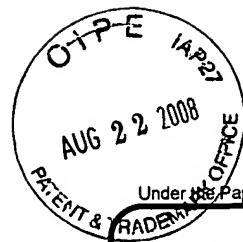
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of \_\_\_\_\_ forms are submitted.

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

<b>TOTAL AMOUNT OF PAYMENT</b>	( <b>\$</b> )	460.00
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**Complete if Known**

Application Number	10/685,352
Filing Date	10/14/2003
First Named Inventor	GEORGE C. VALLEY
Examiner Name	SAIF A. ALHIJA
Art Unit	2128
Attorney Docket No.	HRL128

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- |                                                                                                             |                                                                                   |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> Charge fee(s) indicated below                                                      | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input type="checkbox"/> Credit any overpayments                                  |

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		<b>Fees Paid (\$)</b>
	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

<b>Small Entity</b>
50

<b>Fee (\$)</b>
25

Each independent claim over 3 (including Reissues)

<b>Small Entity</b>
210

<b>Fee (\$)</b>
105

Multiple dependent claims

<b>Small Entity</b>
370

<b>Fee (\$)</b>
185

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 20 or HP =	x	=	

HP = highest number of total claims paid for, if greater than 20.

<b>Multiple Dependent Claims</b>

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ - 100 =	_____ / 50 =	(round up to a whole number) x	_____ =	_____

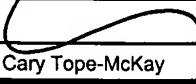
**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

**Fees Paid (\$)**

Other (e.g., late filing surcharge): 2 Month Extension Fee \$460

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 41,350	Telephone 310-589-8158
Name (Print/Type)	Cary Tope-McKay		Date 08/18/2008

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PTO/SB/17 (10-07)

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Attorney Docket No.	HRL128

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Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- |                                                                                                                |                                                                                   |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
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| <input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s)<br>under 37 CFR 1.16 and 1.17 | <input type="checkbox"/> Credit any overpayments                                  |

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Indep. Claims    Extra Claims    Fee (\$)    Fee Paid (\$)

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Other (e.g., late filing surcharge): 2 Month Extension FeeFees Paid (\$)

\$460

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